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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

P06567US1

First Named Inventor

CARR, et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR CONTINUOUSLY HARVESTING GRAIN FROM A ROW  
OF MATURE GRAIN PLANTS COMPRISED OF PLANT SEGMENTS AND ALLEY  
SEGMENTS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <input type="text" value="34082"/>				OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>BRIAN W.</u>			Family Name or Surname <u>CARR</u>		
Inventor's Signature <input checked="" type="checkbox"/> <u><i>Brian W Carr</i></u>				Date <u>9/11/03</u>	
Residence: City NEVADA		State IOWA		Country US	
Citizenship US					
Mailing Address 716 5TH STREET					
City NEVADA		State IOWA		ZIP 50201	
Country US					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>DONALD F.</u>			Family Name or Surname <u>HANDORF</u>		
Inventor's Signature <input checked="" type="checkbox"/> <u><i>Donald F Handorf</i></u>				Date <u>9/11/03</u>	
Residence: City AMES		State IOWA		Country US	
Citizenship US					
Mailing Address 509 GARDEN ROAD					
City AMES		State IOWA		ZIP 50010	
Country US					
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <u>3</u> of <u>4</u>	

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PETER B.		MOORE	
Inventor's Signature <i>Peter B. Moore</i>		Date <i>9/12/03</i>	
AMES Residence: City	IOWA State	US Country	US Citizenship
3909 547TH AVENUE Mailing Address			
Mailing Address			
AMES City	IOWA State	50010 Zip	US Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
NICK		MERFELD	
Inventor's Signature <i>Nick Merfeld</i>		Date <i>9/12/03</i>	
NEVADA Residence: City	IOWA State	US Country	US Citizenship
427 WESTWOOD DRIVE Mailing Address			
Mailing Address			
NEVADA City	IOWA State	50201 Zip	US Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
SCOTT A.		SPORRER	
Inventor's Signature <i>Scott A. Sporrer</i>		Date <i>9/11/03</i>	
NEVADA Residence: City	IOWA State	US Country	US Citizenship
1023 1ST STREET Mailing Address			
Mailing Address			
NEVADA City	IOWA State	50201 Zip	US Country

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PTO/SF/92A (08-03)

Approved for use through 08/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <u>4</u> of <u>1</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CURTIS R.		HAMMER	
Inventor's Signature <i>Curtis R. Hammer</i>		Date <i>9/12/03</i>	
NEVADA Residence: City	IOWA State	US Country	US Citizenship
830 16TH STREET Mailing Address			
Mailing Address			
NEVADA City	IOWA State	50201 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GARY W.		CLEM	
Inventor's Signature <i>Gary W. Clem</i>		Date <i>9/12/03</i>	
NEVADA Residence: City	IOWA State	US Country	US Citizenship
25868 COUNTRY CLUB ROAD Mailing Address			
Mailing Address			
NEVADA City	IOWA State	50201 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	CARR, et al.
Title Method and Apparatus for Continuously.	
Art Unit	
Examiner Name	
Attorney Docket Number	P06567US1

I hereby appoint:

☒ Practitioners at Customer Number:

34082

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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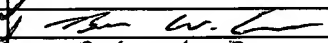
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	Brian W. CARR		
Signature			
Date	9/11/03	Telephone	515 382 2535

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Firm or  
Individual Name

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Address

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Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name

Donald F. HANDORF

Signature

Donald F. Handorf

Date

9/11/03

Telephone

515-232-4772

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 7 forms are submitted.

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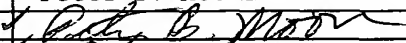
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name

Peter B. MOORE

Signature



Date

9/12/03

Telephone

515 233-2570

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<input type="checkbox"/> Firm or Individual Name					
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Address					
City		State		Zip	
Country					
Telephone		Fax			

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Nick MERFELD			
Signature	<i>Nick Merfeld</i>			
Date	9/12/03	Telephone	515 382 6863	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Examiner Name	
Attorney Docket Number	P06567US1

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<input type="checkbox"/> Firm or Individual Name				
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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## SIGNATURE of Applicant or Assignee of Record

Name	Scott A. SPORRER		
Signature	<i>Scott A. Sporrer</i>		
Date	9/11/03	Telephone	515-382-4975

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Attorney Docket Number	P06567US1

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34082

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☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	Curtis R. HAMMER		
Signature	<i>Curtis R. Hammer</i>		
Date	9/15/03	Telephone	(515) 382-6263

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 7 forms are submitted.

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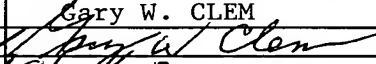
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

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## **SIGNATURE of Applicant or Assignee of Record**

Name	Gary W. CLEM		
Signature			
Date	9/11/03	Telephone	515-382-3506

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 7 forms are submitted.

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